

Summary of Idaho's Medicaid Reform

Component	Description
Reform Authority	<ul style="list-style-type: none"> State Plan Amendment (SPA)
Reform Name	<ul style="list-style-type: none"> Modernizing Idaho Medicaid
Time Frame	<ul style="list-style-type: none"> Approved by CMS on May 25, 2006 Implementation date: October, 2006 The SPA will be implemented statewide
Goals	<ul style="list-style-type: none"> Encourage prevention and wellness to improve individuals' health and reduce future healthcare expenditures Promote responsible use of the healthcare system to reduce unnecessary services that are often expensive Use limited resources wisely and invest carefully in targeted services to achieve long-term savings
Main Program Elements	<ul style="list-style-type: none"> Divide Medicaid beneficiaries into three groups based on health needs Tailor benefit packages aimed at these three groups Manage delivery of services more efficiently (provider pay for performance, selective contracting with vendors, use of health information technology)
Quick Summary	<ul style="list-style-type: none"> Medicaid beneficiaries will be divided into three groups according to their identified health needs (pregnant women and children, children and adults with disabilities or special needs, and people who are elderly who also may have disabilities) A health risk assessment will be part of the eligibility determination process and beneficiaries will be placed in the plan that best meets their needs There are three health benefit packages: the Basic Plan, the Enhanced Plan, and the Medicare/Medicaid Plan. Personal Health Accounts to reward healthy behaviors. Credits for weight loss and tobacco cessation, current immunization and well-child checks. Credits can be used for fitness memberships, nicotine patches, weight loss memberships, bicycle helmets, premium payments.
Populations Covered	<ul style="list-style-type: none"> The entire Medicaid population will be covered, but it will be phased in starting with new enrollees and annual eligibility re-determinations.
Enrollment	<ul style="list-style-type: none"> Newly eligible Medicaid beneficiaries will be enrolled in Basic Plan or Enhanced Plan. Existing Medicaid beneficiaries will be transitioned to new plans as part of their annual eligibility re-determination. Enrollment for disabled in the Enhanced Plan, and for the elderly in the Medicare/Medicaid plan is voluntary
Service Providers	<ul style="list-style-type: none"> The Basic and Enhanced Plans will be furnished through either a primary care case management system (fee-for-service basis). Individuals with selected chronic diseases may enroll with a PCCM provider who receives an enhanced PCCM fee

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	<p>for measured clinical best practices. Enhanced fees are performance-based incentive payments for individuals with the following chronic diseases: diabetes, asthma, cardiovascular disease, or depression.</p> <ul style="list-style-type: none"> • Individuals selecting the Medicare/Medicaid Plan will select and enroll in a Medicare Advantage Plan.
Benefit Packages	<p><u>Basic Plan</u></p> <ul style="list-style-type: none"> • For low income children and working age adults of average health and average health care needs (73% of the Medicaid population, or 130,000 individuals). • Designed to look similar to commercial health plans. • Specific Benefits/Limits: <ul style="list-style-type: none"> ❑ Wellness benefits for children and adults ❑ 26 outpatient mental health visits, 10 inpatient days ❑ No psycho-social rehabilitation or partial care ❑ Dental, PT, OT, ST, DME are covered ❑ No LTC or personal care ❑ EPSDT for those under 21 ❑ Case management only under EPSDT. Must be pre-authorized. • Will attempt to encourage individuals to make good health decisions and provide disincentives to discourage inappropriate services. Idaho's goals are to: <ul style="list-style-type: none"> ❑ Emphasize preventive care and wellness by implementing personal health accounts that encourage healthy behavior, promoting wellness for children in non-clinical settings such as schools, and restructuring provider payments to offer pay-for-performance incentives for delivery of key prevention services such as immunizations. ❑ Increase participant ability to make good health choices by implementing common-sense, enforceable cost-sharing to increase the responsibility of Medicaid beneficiaries. ❑ Strengthen the employer-based health insurance system by expanding the option of premium assistance to all children and working-age adults who would prefer to enroll in commercial insurance over Medicaid. <p><u>Enhanced Plan</u></p> <ul style="list-style-type: none"> • For children and adults with disabilities or special needs from birth to 64 years of age. All individuals with disabilities, regardless of age, may elect to be covered under this plan (20% of the Medicaid population, or 20,000 individuals). • This plan will mirror existing Medicaid benefits. The goal is to deliver cost-effective individualized care by providing more individual choice and control. <ul style="list-style-type: none"> ❑ Will provide community supports modeled after the National Cash and Counseling Demonstration. Will transform mental health system to address goals in the president's New Freedom Commission on Mental Health. ❑ Will provide increased opportunities for employment for persons with disabilities. • Includes pay-for-performance incentives for providers for preventive care, key outcomes and chronic disease management.

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	<p><u>Medicare/Medicaid Plan</u></p> <ul style="list-style-type: none"> • Medicaid benefits for adults over age 65 who are covered under Medicare. (7% of the Medicaid population, or 12,800 individuals.) • The plan will be implemented in selected counties and will be expanded to additional counties as Medicare Advantage Plans become available in those counties. • Younger adults with disabilities may choose this plan if they are covered under Medicare. • The goal is to deliver more cost-effective care integrated with Medicare coverage: <ul style="list-style-type: none"> ❑ Will improve coordination between Medicaid and Medicare, e.g. by contracting with vendors to provide prescription drugs for “dual-eligibles”. ❑ Will increase non-public financing options for long-term care, e.g. by participating in the Long-Term Care Partnership Program. ❑ Will use strategies such as expanding home and community-based services waivers and the use of respite care to help individuals live independently as long as possible.
Cost Sharing	Premiums and co-pays will be implemented depending on a family's ability to pay under the Basic Plan.